

LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

County Name

Address

Address

Phone Number and Fax Number

1. Applicant's First Name, Middle Initial and Last Name		Social Security No.	Date of Birth
2. Property Address (number & street name)		Schedule or Parcel Number	
3. City or Town	State CO	Zip Code	Telephone Number
4. Mailing Address (if different than property address)			5. Check Box if Ownership is Held in a Life Estate. <input type="checkbox"/>

6. Age and Occupancy Requirements (One of the following statements must be true.)

6A. As of January 1 of this year, I am 65 years old, and I occupy the property listed above as my primary residence. I have occupied it as my primary residence for at least 10 consecutive years prior to January 1 of this year. ☐ True

6B. I am the surviving spouse of an individual who previously qualified for the exemption. Each of the following statements is true.

- a) My spouse passed away after applying for the exemption, or my spouse passed away earlier this year and had never before applied; and
- b) My spouse was at least 65 years old on January 1 of the year he or she passed away; and
- c) My spouse occupied the property as his or her primary residence for at least 10 consecutive years prior to January 1 of the year he or she passed away; and
- d) My spouse occupied the property with me as his or her primary residence; and
- e) I currently occupy the property as my primary residence; and
- f) I have not remarried.

Date of birth of spouse who previously qualified

Each one of statements a) through f) is true.

☐ True

6C. If not for the fact that either I or my spouse was confined to a health care facility, or our prior residence was condemned in an eminent domain proceeding, one of the statements above would be true.

1) ☐ Statement #6A would be true

2) ☐ Statement #6B would be true

(If #6A or #6B would be true, you must complete the appropriate section(s) on the back of this form.)

7. Ownership Requirement (One of the following statements must be true.)

7A. The owner of record for the property described above is either a) me, b) my spouse, or c) both of us. The property has been owned by one or both of us for at least 10 consecutive years prior to January 1 of this year. During periods when the property was owned by my spouse and not by me, my spouse and I were married and my spouse occupied the property as his or her primary residence. ☐ True

7B. Statement #7A would be true if not for the fact that ownership has been transferred to a trust, corporate partnership or other legal entity solely for estate planning purposes, or my/our prior residence was condemned in an eminent domain proceeding. ☐ True

(If #7B is true, complete the appropriate section(s) on the back of this form.)

8. List each additional person who occupies the property as his or her primary residence.

8A. Person who also occupies property as primary residence	Spouse ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.
8B. Person who also occupies property as primary residence		Social Security No.
8B. Person who also occupies property as primary residence		Social Security No.

9. Complete this section if applicant or spouse was/is confined to a nursing home, hospital, or assisted living facility.

9A. Name of confined individual	9B. Location	9C. Dates confined
9D. During confinement, the property was occupied by either a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied. <input type="checkbox"/> True		

10. Complete this section if prior residence was condemned in an eminent domain proceeding.

10A. Street address of condemned property	10B. Dates of ownership of condemned property from: to:
10C. Dates condemned property was occupied as primary residence	10D. Approximate date of condemnation
10E. Since condemnation, I have not owned and occupied any property as my primary residence other than the property for which I am applying for exemption. <input type="checkbox"/> True	
10F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. <input type="checkbox"/> True	

11. Complete this section if property is owned by a trust or an individual as trustee.

11A. Name of trust	
11B. Maker(s) of trust	11C. Trustee
11D. Beneficiary	11D. Beneficiary
11D. Beneficiary	11D. Beneficiary
11E. The property was transferred to the trust solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True	

12. Complete this section if property is owned by a corporate partnership or other legal entity.

12A. Name of corporate partnership or legal entity	
12B. Name of principal	12B. Name of principal
12B. Name of principal	12B. Name of principal
12C. The property was transferred to the corporate partnership or legal entity solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True	

13. Affidavit and Signature

I declare, under penalty of perjury in the second degree (§ 18-8-503, C.R.S.), that the information I provided on this form and on any attachments is correct.

Signature: _____ Date: _____

Signer is: ☐ Applicant ☐ Spouse ☐ Guardian ☐ Conservator ☐ Attorney-in-fact

If signer is guardian, conservator or attorney-in-fact, you must provide authorization in the form of a court order or power of attorney.

Other Contact: _____ Telephone Number: _____

(relative, personal representative, etc.)

The assessor must be informed of any change in ownership or occupancy of the property within 60 days of when the change occurs.

Mail or deliver this form to your county assessor by **July 15**. We recommend you **obtain a receipt** when delivering the form in person, or mail the form by **certified mail**. You may also call the assessor prior to July 15 to ensure that it was received.